

610

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 9

Registrar's No.

1. Place of Death: (a) County Apache (b) City or Town St Johns (c) Location St Johns (Home)  
(If outside city limits also write RURAL)

(d) Length of Stay: In Hospital or Institution 43 years In Community 43 years  
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona (b) County Apache (c) City or Town St Johns  
(If outside city limits also write RURAL)

(d) Street No. Georgiana Rancher (a) Citizen of foreign country (yes or No) NO  
If Yes, which country.

3. (a) FULL NAME Bathsheba (b) If Veteran name was V (c) Social Security No. V

4. Sex Female 5. Color or Race White 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband William D. Rancher 6. (c) Age of husband 83 yrs.  
or wife, if alive

7. Birthdate of deceased Aug 16, 1870 (Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 28 hrs. min.  
If less than one day

9. Birthplace Salt Lake City, Utah (City, town or county) (State or Country)

10. Usual Occupation at home

11. Industry or Business

12. Name Frederic N. Smith

13. Birthplace Stockholm New York (City, town or county) (State or Country)

14. Maiden Name Augusta Outzen

15. Birthplace Randers Denmark (City, town or county) (State or Country)

16. (a) Informant's own signature W. D. Rancher

(b) Address St Johns, Ariz.

17. (a) Burial, Cremation or Removal Burial

(b) Place St Johns, Ariz. Date May 17, 1946

18. (a) Embalmer's Signature Dan B. Heth

(b) Funeral Director Dan B. Heth

(c) Address Springerville, Ariz.

19. (a) May 17, 1946 (Date received local Registrar)

(b) Leona W. Neap (Registrar's Signature)

20M 100% Rag 8-42 B. Co.

County File No.

Date Received

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) May 14, 1946  
TIME (Hour and minute) 6:15 a.m.

21. I hereby certify that I attended the deceased from April 10, 1946  
to May 13, 1946;

that I last saw her alive on May 13, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (If Means of injury)

23. Signature D. B. Heth M. D. Date signed May 14, 1946

Address St Johns, Arizona

DURATION  
About  
1-2 yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically